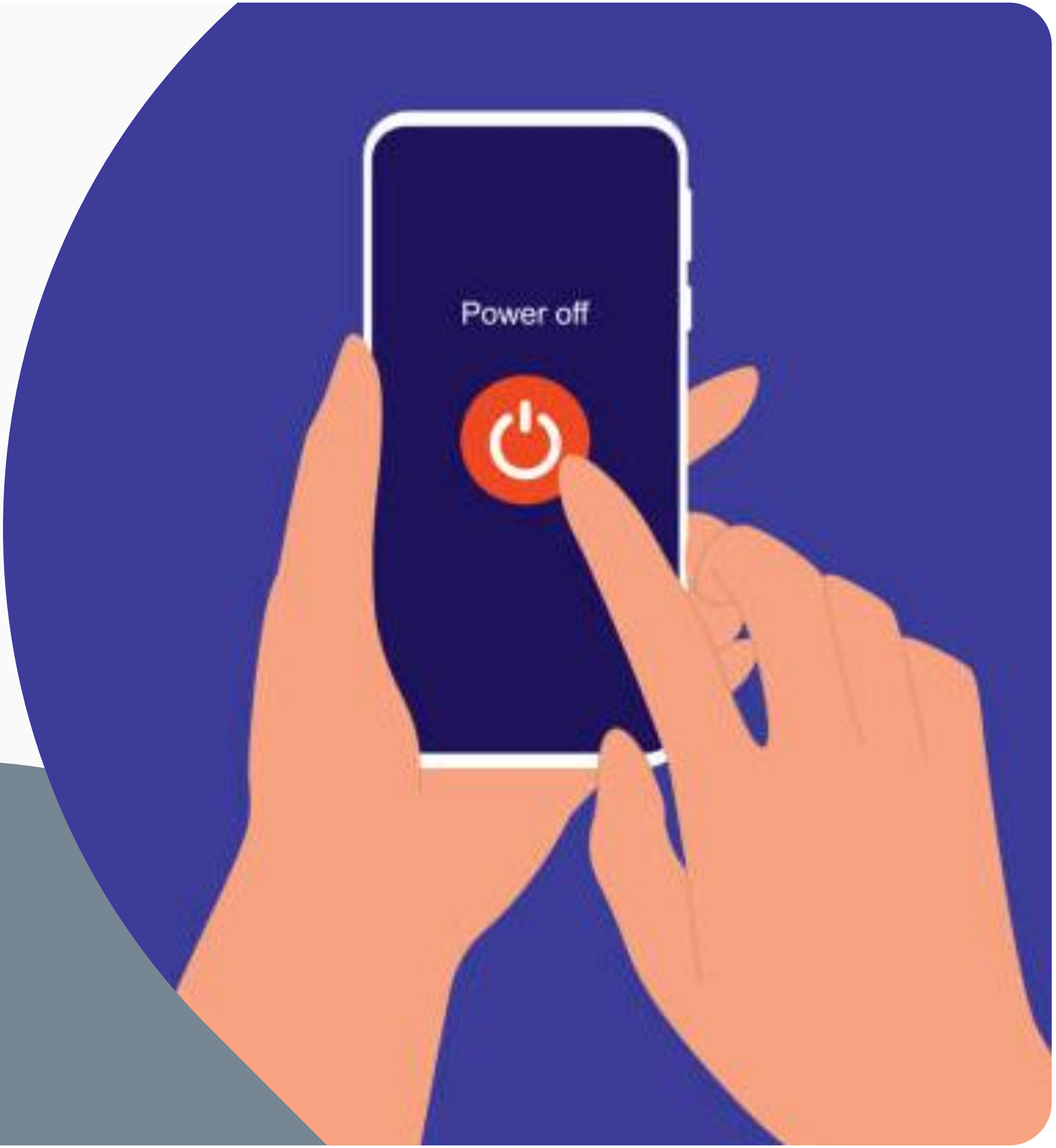
Annual Public Meeting

3 September 2026

University Hospitals of Leicester NHS Trust

Housekeeping

- Switch phones to silent / off
- No fire alarm planned today
- We will finish by 7pm



Agenda

17:30	**Welcome** Dr Andy Haynes, Acting Chair
17:35	**About us and our year in review** Richard Mitchell, Chief Executive
17:45	**Annual accounts and financial reporting for 2025/26** Lee Bond, Chief Financial Officer
17:55	**A look forward: Leading in healthcare, trusted in communities** Richard Mitchell, Chief Executive
18:10	**Questions from the public**
19:00	**Meeting close**

Who we are

- A large teaching trust providing care from acute, community and virtual settings
- National and regional centre for specialist treatment, a renowned biomedical research facility, and the local hospitals for people in Leicester, Leicestershire and Rutland
- An international reputation for research excellence in areas including cardiovascular, respiratory and diabetes

UHL in numbers

NHS
University Hospitals of Leicester
NHS Trust

18,000 colleagues, representing over 70 nationalities

3 acute hospitals
8 community sites

£1.8 billion
annual turnover

1.4 million
patient visits each year

260,000 Emergency Department attendances each year

1,900 beds

10,000 babies
born each year

16,000+ patients
involved in clinical trials

Our strategic framework

Vision: Leading in healthcare, trusted in communities

Five goal areas

- High-quality care for all
- A great place to work
- Partnerships for impact
- Research and education excellence
- Financial sustainability

Our UHL values

- Compassionate
- Proud
- Inclusive
- One team

Embedding health equality and inclusion in all we do

Enablers of success

- Continuous improvement approach
- Digital, data and technology
- Becoming a Green Trust
- Working with people and communities

Video

You can watch the Our in year in review 2025/26 video on YouTube here: https://youtu.be/U2D2bycv5C8

Performance snapshot

- Performance is improving across key measures: 60% of patients wait under 18 weeks, we are treating more cancer patients within 31 days, and over 5,000 less patients waited more than six weeks for diagnostics when compared to 12 months ago

- In urgent care, four-hour performance has risen from 59% to over 66%, while ambulance delays have reduced, despite higher demand. Our latest data shows we had the lowest waits in the region. While there is more to do, we are building on good progress

- We have an active maternity and neonatal improvement programme, which includes actions in response to the National Maternity and Neonatal investigation

- Our latest Friends and Family Tests scores are 94.7% positive (Inpatients), 94.4% positive (Outpatients), 96.1% (Maternity) and 86.5% (Emergency Department)

- We are in segment 4 of the NHS National Oversight Framework (NOF) rated high performing for people and workforce (1) and above average for patient safety (2), effectiveness and experience (2) with ongoing challenges in access to services (4) finance and productivity (4) affecting the overall NOF rating

University Hospitals of Leicester NHS Trust

2025/26
Annual accounts

Lee Bond, Chief Financial Officer

Our financial statements

- Our financial statements have been prepared on a ‘Going Concern’ basis and have been independently audited

- Our audit opinion continues to be unqualified

- Our full accounts and audit opinion are published in UHL’s annual report, available on our website: www.uhleicester.nhs.uk

Independent Auditor's opinion

In our opinion, the financial statements:

- **Give a true and fair view** of the financial position of the Group and the Trust as of 31 March 2026 and of the Group's and the Trust's income and expenditure for the year then ended

- **Have been properly prepared in accordance with the accounting policies** directed by the Secretary of State for Health and Social Care with the consent of HM Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2025/26

- **Have been prepared in accordance with the requirements of the National Health Service Act 2006** (as amended)

Statutory financial duties

The Trust is required to meet certain financial duties, in order to provide assurance to the taxpayer on how public funds have been managed.

With the exception of delivering its agreed financial performance target, the Trust achieved its statutory financial duties:

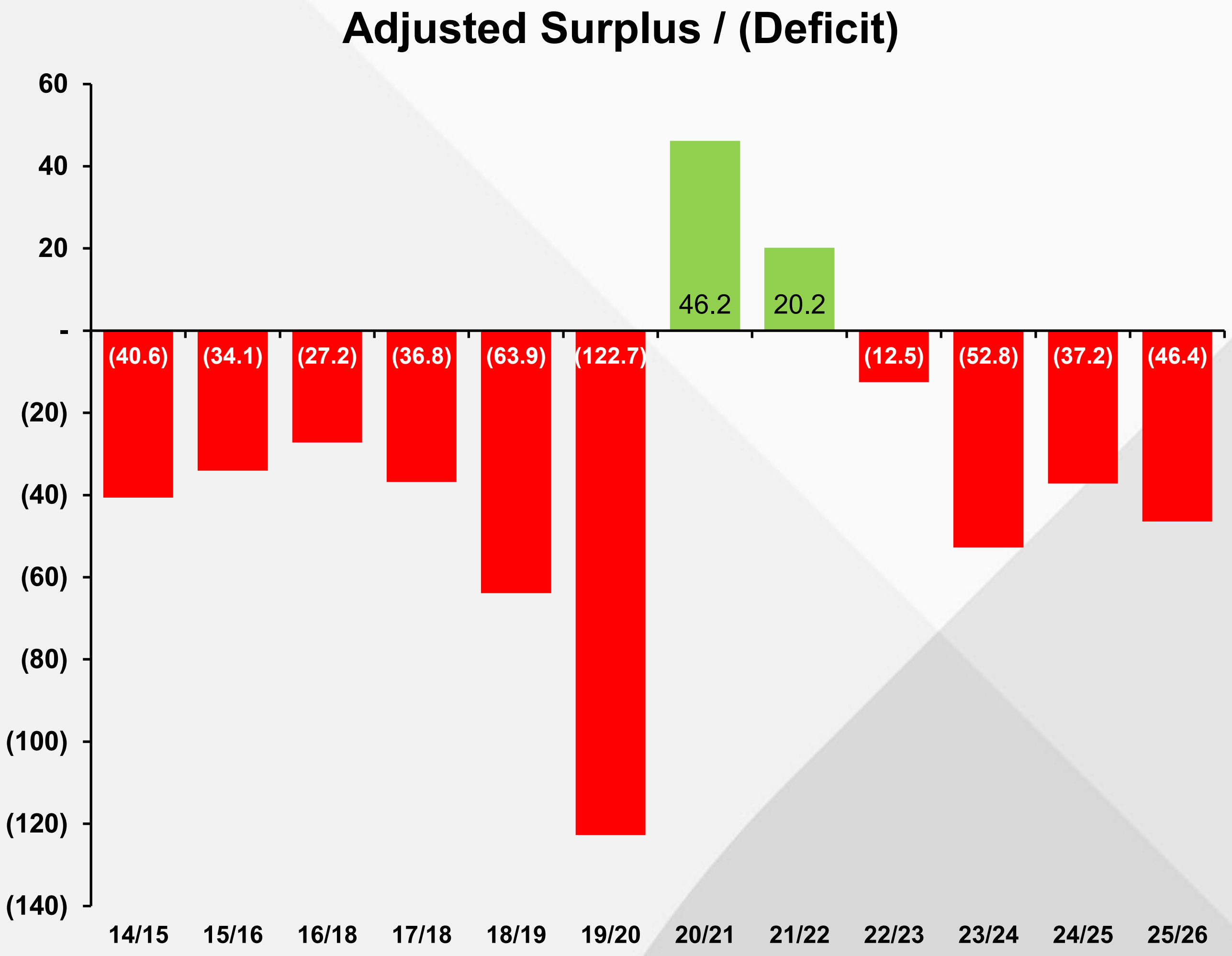
- 3.5% Return on Capital ✓
- Operate within our External Finance Limit ✓
- Operate within our Capital Resource Limit ✓

Adjusted financial performance

The agreed financial plan for 2025/2026 was a £65m deficit (this was adjusted to break-even upon receipt of matched non-recurrent deficit support funding of £65m).

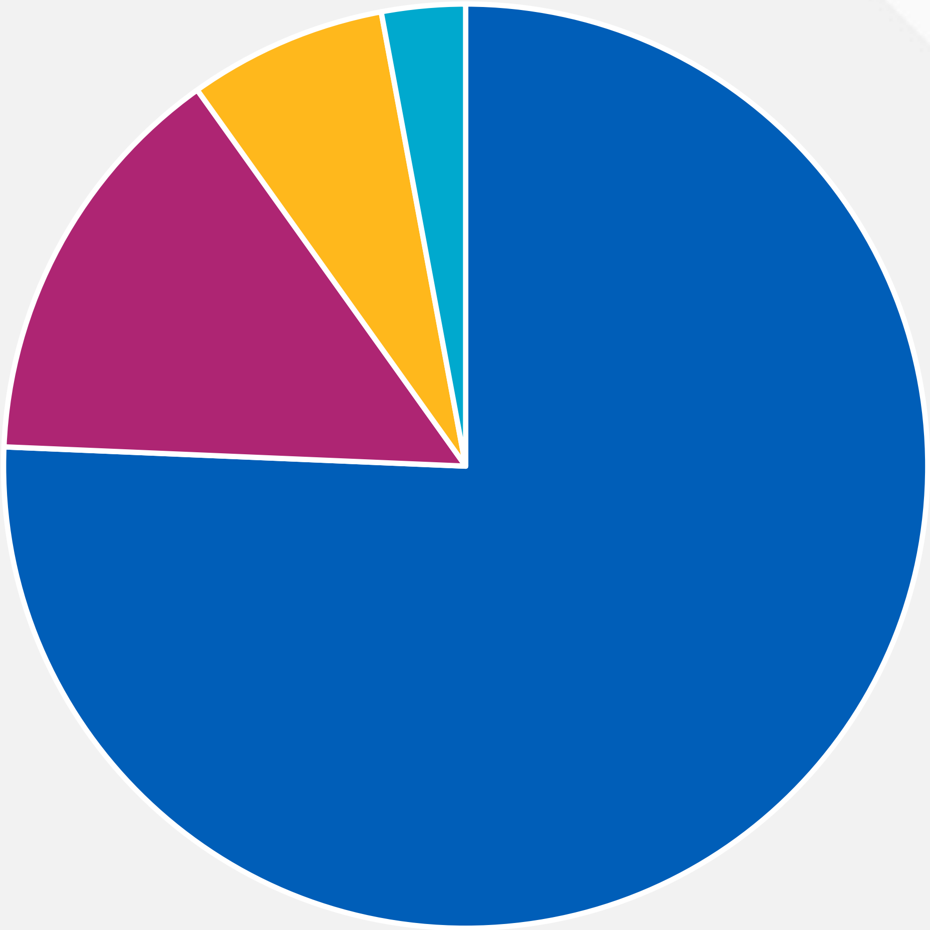
The final outturn position was a deficit of £85m, partially mitigated by the receipt of £39m of deficit support funding leaving a £46m reported deficit. This was driven mainly by:

- Undelivered CIP
- Urgent and emergency pressures due to actual activity being greater than plan
- Pay pressures in year



Where our money came from

Our income in 2025/26 was £1.845bn, split between income from patient care (£1.663bn) and education, training & research and other operating income (£182.0m)

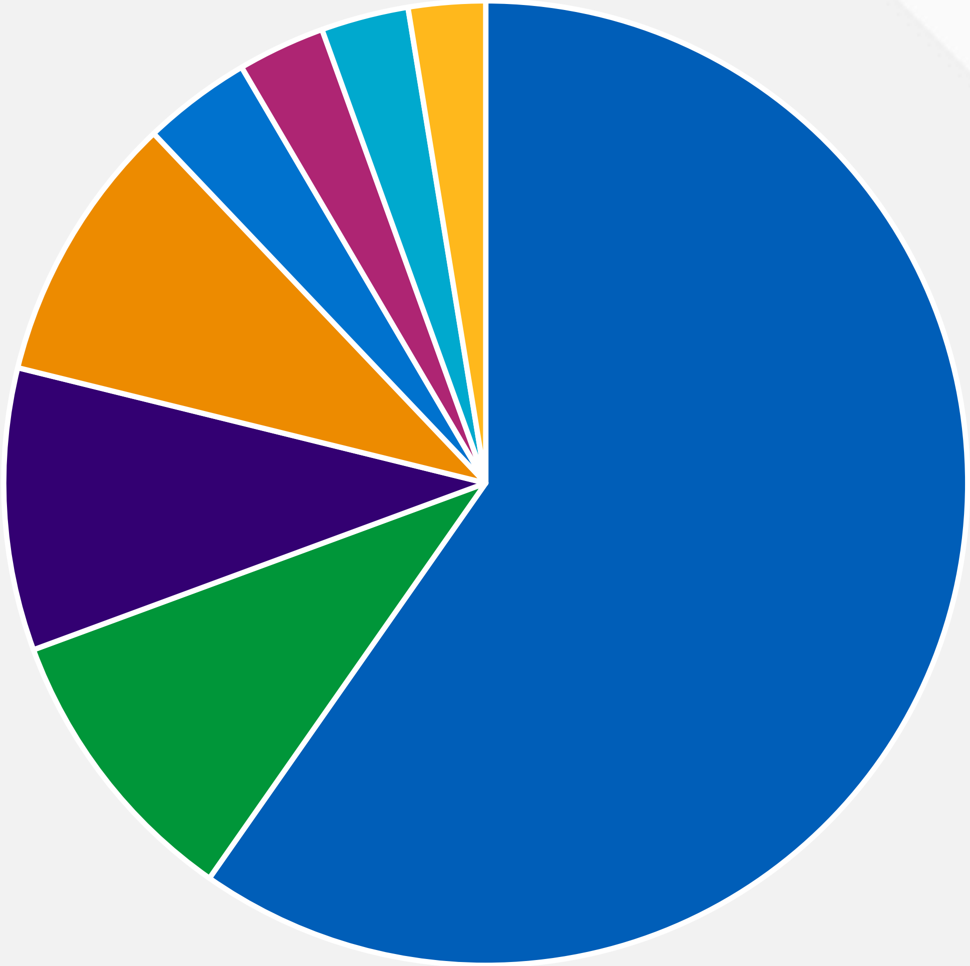


Key

ICBs – block payments	**£1,396m · 76%**
NHS England	**£267m · 14%**
Education, training & research	**£128m · 7%**
Other operating income	**£54m · 3%**

How we spent our money

Our operating expenditure in 2025/26 was £1.976bn



Key

Staff costs	**£1,180m · 60%**
Clinical supplies	**£191m · 10%**
Other	**£187m · 9%**
Drug costs	**£179m · 9%**
Premises	**£72m · 4%**
Depreciation	**£58m · 3%**
Research & innovation	**£58m · 3%**
Medical & other insurance	**£51m · 3%**

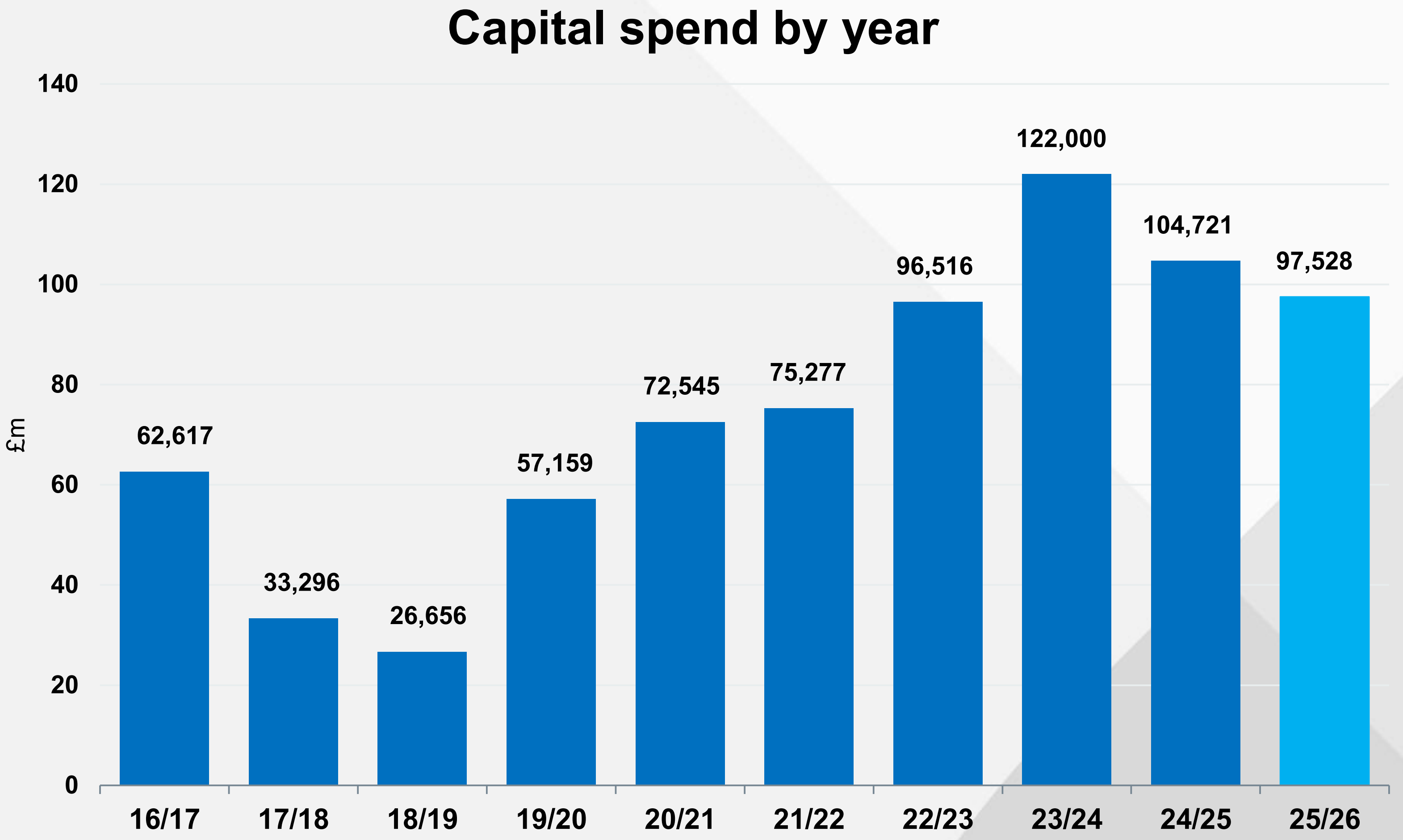
Investment in infrastructure

We invested £98m in our capital infrastructure in 2025/26

Area of investment	£'m
Urgent and Emergency Care capacity	3
Medical equipment including Hinckley Community Diagnostics Centre	8
Equipment for Endoscopy Unit, Preston Lodge	2
Estates schemes including enabling works for medical equipment, installation, commencement of theatre decant programmes, nurse training facility, statutory and CQC compliance and backlog schemes, lighting modernisation, Preston Lodge, Leicester Diabetes Centre and Endoscopy Unit	42
IT infrastructure and digitisation	20
New Hospitals Programme Enabling Works	13
Leases	10
Total capital expenditure	**98**

Historic capital spend

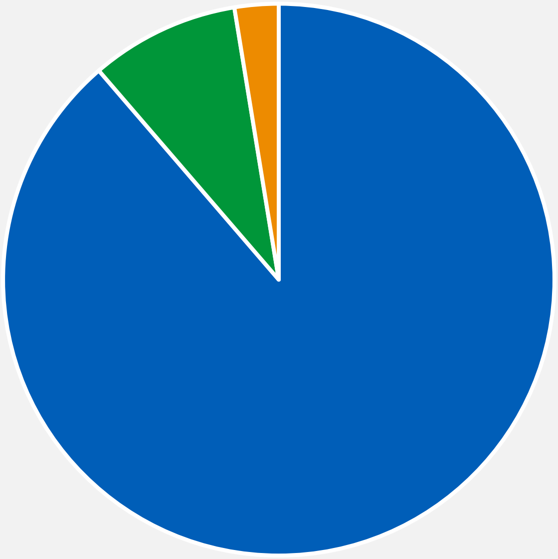
£421m has been invested over the past four years, funded through a combination of LLR System capital, nationally funded schemes, charitable donations and grants



Trust asset base

The value of the Trust's fixed assets at 31 March 2026 was £698m

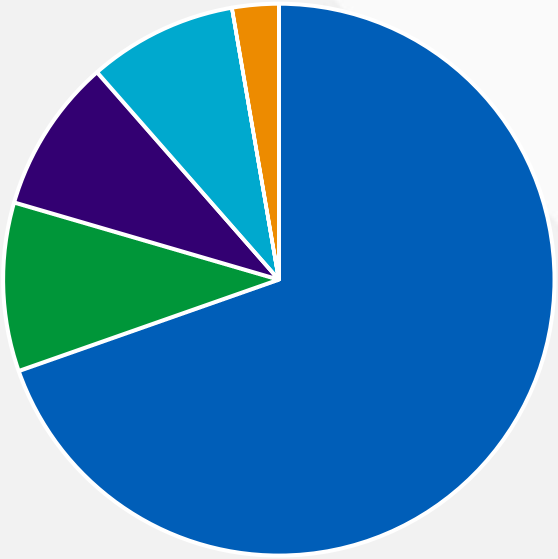
Ownership



Key

Owned	**£619m · 89%**	
Right of use	**£61m · 9%**	
Donated / grants	**£18m · 3%**	

Asset class



Key

Buildings	**£486m · 70%**
Equipment	**£69m · 10%**
IT & intangibles	**£63m · 9%**
Right of use	**£61m · 9%**
Land	**£19m · 3%**

The Trust undertook a full property valuation in 25/26 based on a hypothetical single site. This modern equivalent value (MEA) revaluation ensures asset values reflect the true cost of replacing service potential. The carrying value of the Trusts assets reduced by £144m as a result of this exercise.

Balance sheet strength

In overall terms the main changes on the Trust's Balance Sheet reflect the following:

- Non-Current Assets decreased by £109m – largely reflecting the additional capital expenditure of £98m and the impact of the property valuation (£144m), offset by depreciation and amortisation charges (£63m) and loss on disposal (£0.2m)

- Cash balances reduced by £6m from £41m to £35m in 2025/26. This Trust received additional support of £69m in the year; a combination of PDC revenue support (£30m) and non recurrent deficit funding (£39m)

- Borrowings, which are exclusively comprised of finance leases arrangements reduced by £4m to £48m as both lease additions and remeasurements of existing leases, were offset by the value of payments made in year to the lease providers. The Trust does not have any loans or PFI agreements

- Performance against the Better Payment Performance Code remained high at 93%

Financial outlook

- The reported deficit improved from £100m in 2024/25 to **£85m in 2025/26** (before deficit support funding)
- A stretching **£57.4m deficit target** has been agreed for 2026/27, with a return to recurrent financial balance targeted by March 2029
- The next few years will remain extremely challenging as we balance the need to treat more elective and emergency patients, with constrained finances
- In 2026/27, the Trust must deliver a **£99m CIP programme**, which includes a challenging NHSE target to reduce temporary staffing costs by 42% - from an outturn position in 2025/26 of £77m to £44.7m

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A look forward:
Leading in healthcare, trusted in communities

Richard Mitchell, Chief Executive

High-quality care for all

- Safety and quality measures continue to improve
- CQC reports to be published soon show significant progress
- Nationally recognised for our increasing digital maturity which is improving patient care and experience – this continues to be a significant focus for us
- Building now for better future care in modern state-of-the art buildings: new Urgent Treatment Centre under construction at the Leicester Royal Infirmary and enabling works underway for the New Hospitals Programme

A great place to work

More than 11,500 colleagues (58.7%) completed the 2025 NHS Staff Survey, with UHL placed as:

- Best teaching hospital in the Midlands
- Second highest acute provider in the East Midlands as a place to work
- Best in the region for colleagues feeling safe and healthy

A continuous improvement cycle is built into how we improve the working lives of colleagues

The 2026 NHS Staff Survey launches this month, giving opportunity to understand progress and where more work is needed

Research and education

- Around **1,000** active studies at any one time
- More than **16,000** patients involved in clinical trials and we are working to ensure every patient has the opportunity to be involved
- Maximising our position as one of only a small number of trusts to host:

-NIHR Biomedical Research Centre

-NIHR Clinical Research Facility

-NIHR Patient Recruitment Centre
-NIHR-CRUK Experimental Cancer Medicine Centre
-NIHR Clinical Research Network (East Midlands)

Partnerships for impact

- A strong local focus on integrating care, including work with GPs and partners on neighbourhood care models
- Ongoing collaboration with University Hospitals of Northamptonshire where there is benefit to improving patient care and outcomes
- Continued commitment to strengthening links with local communities and VCSE partners, with refreshed approach to engagement in development

Embedding health equality in all we do

- Proud hosts of UHL’s Health Equality Partnership driving change together with community partners
- Continuing to embed anti-racist and anti-discriminatory approach to fair, compassionate care
- Planning underway for our third Health Equality Summit, *Together We Can,* to build on the actions we are taking in partnership to reduce health inequalities in Leicester, Leicestershire and Rutland

10 Year Plan: Hospital to community

Further planned expansion of the Community Diagnostic Centre Programme and maximising use of:

- £24.6 million Community Diagnostic Centre opened in Hinckley
- £18 million endoscopy unit at the Leicester General Hospital
- Preston Lodge rehabilitation unit

10 Year Plan: Analogue to digital

- Our Patient Administration System continues to evolve, improving patient care
- Ambient voice technology is benefitting patient experience and freeing up clinical time
- Automation of routine processes is increasing productivity and enabling colleagues to focus on work only humans can do

10 Year Plan: Sickness to prevention

- Third annual Prevention Report published in April highlighting continued progress
- Preventative interventions embedded as part of hospital care
- Community health events delivering tests and screening, informed by outcomes data and UHL Health Equality Partnership

Questions from the public

Closing remarks

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